



RFQVA AMENDMENT		DEPARTMENT OF ECONOMIC SECURITY
RFQVA No: DDD 704011	Agency: Division of Developmental Disabilities	
Amendment No: 1	Address: 1789 W. Jefferson, Site Code 791A Phoenix, Arizona 85005	
Page 1 of 73	Phone: (602) 542-6874	
A signed copy of the signature page (page 5) of this amendment must be included in the hard copy of the Application.		
This RFQVA is amended as follows:		
<u>Section 2</u> – TABLE OF CONTENTS, page 2-1, Section 3, Instructions to Applicants, is amended to add references to new Section 3.8 and Section 3.9		
<u>Section 3</u> – INSTRUCTIONS TO APPLICANTS:		
Page 3-1, Section 3.1.2, RFQVA Contact Person, is amended to delete “solely” and replace it with “primarily”		
Page 3-7 is amended to:		
Add a new Section 3.8, Special Notes to Day Treatment and Training Applicants		
Add a new Section 3.9, Special Note to Transportation Applicants		
Add a new Section 3.10, Special Note to Habilitation, Nursing Supported Group Home Applicants		
<u>Section 4</u> – BACKGROUND:		
Page 4-6, Section 4.4 Consumer Choice, penultimate paragraph, is amended to insert “, developmental homes,” after “For capacity based services, i.e., group homes”		
Page 4-7, Section 4.5 Published Rate Schedules, last paragraph, is amended to delete “RQVA” and replace it with “RFQVA” and to delete “fall of 2004” and replace it with “fall of 2003”		
<u>Section 5</u> – SERVICE REQUIREMENTS/SCOPE OF WORK		
Page 5-3, Section 5.4, Delivery of Services, item 1, is amended to delete “/direct service staff”		
Page 5-7, Section 5.11, Application and Use of Published Rates, item 3.2, is amended to delete “fall of 2004” and replace it with “fall of 2003”		
Page 5-9, Section 5.11, Application and Use of Published Rates, item 4.3.1, 1 st full paragraph, is amended to:		
Specify a point in time for average rate calculations		
Delete “The calculated staff hour rate is in the column on this document labeled ‘6/30/02 Calc Staff Hour Rate’” and replace it with “The calculated staff hour rate is the staff hour rate that was used in the calculation that produced the daily rate contained in the column on this document labeled ‘Rate Eff 7/1/02’”		

Page 5-9, Section 5.11, Application and Use of Published Rates, item 4.3.2, is amended to delete “Nursing” after “Room and Board, All Group Homes” and to delete “(general, not regularly scheduled)” after “Transportation”

Page 5-10, Section 5.11, Application and Use of Published Rates, item 4.3.3, is amended to insert “Nursing” after “Home Health Aide”

Page 5-10, Section 5.11, Application and Use of Published Rates, item 4.3.4, is amended to:

In the bulleted list, delete “Transportation (to and from day treatment and training)”

In the first sentence of the first full paragraph, delete “when transportation was not provided”

At the end of the first full paragraph, add language clarifying how the average paid unit rate will be calculated

Delete the entire last paragraph

Section 6 – DES/DDD STANDARD TERMS AND CONDITIONS, page 6-10, Section 6.4.2.4, is amended to delete “IRS W9 Form” and replace it with “Arizona Substitute W-9 Form” and direct applicants to a website for downloading a copy of the form

Section 7 – SERVICE SPECIFICATIONS:

Page 7-3, Attendant Care, item 4 under Service Setting, is amended to insert “vendor supported” before “developmental homes (child and adult)” and to insert “non-state operated” before “intermediate care facilities for the mentally retarded”

Page 7-7, Habilitation, Community Protection and Treatment Hourly, item 3 under Service Setting, is amended to insert “non-state operated” before “ICFs/MR”

Page 7-9 and 7-10, Habilitation, Community Protection and Treatment Hourly, is amended to delete item 6 under Service Objectives and renumber remaining items

Page 7-13, Habilitation, Support, item 4 under Service Setting, is amended to insert “vendor supported” before “developmental homes (child and adult)” and to insert “non-state operated” before “ICFs/MR”

Page 7-17, Housekeeping, item 4 under Service Setting, is amended to insert “vendor supported” before “developmental homes (child and adult)” and to insert “non-state operated” before “ICFs/MR”

Page 7-20, Respite, item 4 under Service Setting, is amended to insert “vendor supported” before “developmental homes (child and adult)” and to insert “non-state operated” before “ICFs/MR”

Page 7-23, Day Treatment and Training, Adult, item 3 under Service Setting, is amended to insert “non-state operated” before “ICFs/MR”

Page 7-25, Day Treatment and Training, Adult, is amended to:

Delete item 6 under Service Objectives and renumber remaining items

Delete items 1 and 2 under Service Utilization Guidelines and replace these with a new item 1 and renumber item 3 as number 2

Page 7-27, Day Treatment and Training, Adult, item 3 under Recordkeeping and Reporting Requirements, is amended to insert “and proof of hours worked by their direct service staff, e.g., staff time sheets” after “consumer attendance reports”

Page 7-28, Day Treatment and Training, Child (After-School), item 3 under Service Setting, is amended to insert “non-state operated” before “ICFs/MR”

Page 7-30, Day Treatment and Training, Child (After-School), is amended to:

Delete item 6 under Service Objectives and renumber remaining items

Delete item 1 under Service Utilization Guidelines and replace it with a new item 1

Page 7-32, Day Treatment and Training, Child (After-School), item 3 under Recordkeeping and Reporting Requirements, is amended to insert “and proof of hours worked by their direct service staff, e.g., staff time sheets” after “consumer attendance reports”

Page 7-33, Day Treatment and Training, Child (Summer), is amended to insert “non-state operated” before “ICFs/MR”

Page 7-35, Day Treatment and Training, Child (Summer), is amended to:

Delete item 6 under Service Objectives and renumber remaining items

Delete items 1 and 2 under Service Utilization Guidelines and replace these with a new item 1 and renumber item 3 as number 2

Page 7-37, Day Treatment and Training, Child (Summer), item 3 under Recordkeeping and Reporting Requirements, is amended to insert “and proof of hours worked by their direct service staff, e.g., staff time sheets” after “consumer attendance reports”

Page 7-43, Room and Board, Vendor Supported Developmental Home (Child and Adult), item 3 under Service Objectives, is amended to delete “, which include nutritional supplements”

Page 7-45, Habilitation, Individually Designed Living Arrangement, item 1 under Service Setting, is amended to delete “adult”

Page 7-53, Habilitation, Community Protection and Treatment Group Home, item 6 under Rate, is amended to delete “12” before “ranges” and replace it with “14”

Pages 7-54 to 7-55, Habilitation, Community Protection and Treatment Group Home, is amended to revise rates and hours in Examples

Page 7-56, Habilitation, Community Protection and Treatment Group Home, item 3 under Recordkeeping and Reporting Requirements, is amended to insert “and proof of hours worked by their direct service staff, e.g., staff time sheets” after “consumer attendance reports”

Page 7-61, Habilitation, Group Home, item 4 under Rate, is amended to delete “12” before “ranges” and replace it with “14”

Page 7-62, Habilitation, Group Home, is amended to revise rates and hours in Examples

Page 7-63, Habilitation, Group Home, item 3 under Recordkeeping and Reporting Requirements, is amended to insert “and proof of hours worked by their direct service staff, e.g., staff time sheets” after “consumer attendance reports”

Page 7-67, Habilitation, Nursing Supported Group Home, item 4 under Rate, is amended to delete “12” before “ranges” and replace it with “14”

Pages 7-68 to 7-69, Habilitation, Nursing Supported Group Home, item 3 under Recordkeeping and Reporting Requirements, is amended to insert “and proof of hours worked by their direct service staff, e.g., staff time sheets” after “consumer attendance reports”

Page 7-71, Room and Board, All Group Homes, item 3 under Service Objectives, is amended to delete “, which include nutritional supplements”

Page 7-74, Home Health Aide, item 3 under Service Setting, is amended to insert “non-state operated” before “ICFs/MR”

Page 7-78, Nursing, item 3 under Service Setting, is amended to insert “non-state operated” before “ICFs/MR”

Page 7-87, Occupational Therapy, item 2 under Rate, is amended to delete the last sentence

Page 7-91, Occupational Therapy Early Intervention, item 2 under Rate, is amended to delete the last sentence

Page 7-95, Physical Therapy, item 2 under Rate, is amended to delete the last sentence

Page 7-99, Physical Therapy Early Intervention, item 2 under Rate, is amended to delete the last sentence

Page 7-103, Speech Therapy, item 2 under Rate, is amended to delete the last sentence

Page 7-107, Speech Therapy Early Intervention, item 2 under Rate, is amended to delete the last sentence

Page 7-109, Transportation, item 3 under Service Description, is amended to delete “that does not provide transportation”

Pages 7-109 to 110, Transportation, item 2 under Service Objectives, is amended to delete “when the day treatment and training program cannot provide transportation”

Page 7-111, Transportation, items under Rate, are amended to clarify the use of “Flat Trip Rate for Regularly Scheduled Daily Transportation”

Section 9 - ATTACHMENT B, QUALIFIED VENDOR APPLICATION AND DIRECTORY SYSTEM

Page 9 Att. B-2, Section 2, Information Entry Structure, item 5, 3rd sentence beginning with “For the application process,” is amended to insert “, habilitation – vendor operated supported developmental home, habilitation – individually designed living arrangement,” after “group home”

Page 9 Att. B-2, Section 2, Information Entry Structure, item 5, is amended by inserting a new paragraph regarding editing a site from the System before item 6

Page 9 Att. B-3, Section 3, Instructions, is amended by adding a note at the end of that section regarding ½ page length for certain responses

Page 9 Att. B-4, Section 4, Vendor Application Contract Information, is amended to clarify the last sentence

Page 9 Att. B-4 through B-7, Section 5, Qualified Vendor Application Assurances and Submittals, is amended to delete questions 1-23 and replace them with new questions 1-25

Page 9 Att. B-9 Section 7, Administrative Sites and Group Homes/Day Treatment and Training Sites, is amended to:

Insert a paragraph regarding the requirement to identify at least one Administrative Site in the System before an Application will be accepted
Clarify that this requirement also applies to habilitation - vendor operated supported developmental homes and habilitation - individually designed living arrangement sites
In the 2nd paragraph, delete "When the Directory component of the System is released, the" and replace with "The"
Delete "Do you have a current, valid license under DDD for this Group Home?"

Page 9 Att. B-11, Section 7, Administrative Sites and Group Homes/Day Treatment and Training Sites, is amended to:

Insert a paragraph regarding the requirement to identify at least one group home site in the System before the Application will be accepted
Delete "When the Directory component of the System is released, the" and replace with "The"

Page 9 Att. B-13, Section 7, Administrative Sites and Group Homes/Day Treatment and Training Sites, is amended to insert a paragraph regarding the requirement to identify at least one day treatment and training site in the System before the Application will be accepted

Page 9 Att. B-21, Section 12, Developmental Home Services Site Specific Information, is amended to delete "Number of homes/sites administered from the administrative office (required)"

Page 9 Att. B-22, Section 12, Developmental Home Services Site Specific Information, is amended to add a paragraph regarding the requirement to identify at least one developmental home site in the System before the Application will be accepted

Page 9 Att. B-23, Section 14, Independent Services Site Specific Information, page 9 Att. B-23, is amended to delete "Number of homes/sites administered from the administrative office (required)"

The following pages are attached:

Revised SECTION 2 - TABLE OF CONTENTS, page 2-1
Revised SECTION 3 - INSTRUCTIONS TO APPLICANTS, pages 3-1 and 3-7
Revised SECTION 4 - BACKGROUND, pages 4-6 and 4-7
Revised SECTION 5 - SERVICE REQUIREMENTS/SCOPE OF WORK, pages 5-3, 5-7, 5-9, and 5-10
Revised SECTION 6 - DES/DDD STANDARD TERMS AND CONDITIONS, page 6-10
Revised SECTION 7 - SERVICE SPECIFICATIONS, pages 7-3, 7-7, 7-9, 7-10, 7-13, 7-17, 7-20, 7-23, 7-25, 7-27, 7-28, 7-30, 7-32, 7-33, 7-35, 7-37, 7-43, 7-45, 7-53 to 7-56, 7-61, 7-62, 7-63, 7-67, 7-69, 7-71, 7-74, 7-78, 7-87, 7-91, 7-95, 7-99, 7-103, 7-107, and 7-109 to 7-112
Revised SECTION 9 - QUALIFIED VENDOR APPLICATION AND DIRECTORY SYSTEM, pages 9 Att. B-2, 9 Att. B-2 (a), 9 Att. B-3 to B-7, 9 Att. B-9, 9 Att. B-11, 9 Att. B-11 (a), 9 Att. B-13, 9 Att. B-13 (a), 9 Att. B-21, 9 Att. B-22, 9 Att. B-22 (a), 9 Att. B-23, 9 Att. B-25, and 9 Att. B-25 (a)

ALL OTHER PROVISIONS OF THE RFQVA SHALL REMAIN IN THEIR ENTIRETY.

Applicant hereby acknowledges receipt and understanding of the above RFQVA amendment.

Signature

Date

Typed Name and Title

Name of Company

The above referenced RFQVA Amendment is hereby executed this 7th day of April, 2003, at Phoenix, Arizona


DDD Procurement Specialist

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SECTION 3 INSTRUCTIONS TO APPLICANTS

3.1 Inquiries

3.1.1 Duty to Examine

It is the responsibility of each Applicant to examine the entire Request for Qualified Vendor Applications (RFQVA), seek clarification in writing, and check its Application for accuracy before submitting the Application.

3.1.2 RFQVA Contact Person

Any inquiry related to the RFQVA, including any requests for or inquiries regarding standards referenced in the RFQVA, shall be directed primarily to the RFQVA Contact Person.

3.1.3 Submission of Inquiries

The RFQVA Contact Person may require that an inquiry be submitted in writing. Any inquiry related to the RFQVA shall refer to the appropriate RFQVA number, page and paragraph.

3.1.4 No Right to Rely on Verbal Responses

Any inquiry that results in changes to the RFQVA shall be answered solely through a written RFQVA Amendment. An Applicant may not rely on verbal responses to its inquiries.

3.1.5 RFQVA Amendments

The RFQVA shall only be modified by a RFQVA Amendment.

3.2 Application Preparation

3.2.1 General

The Applicant shall submit one original, signed electronically generated printable hard copy of its Application plus necessary submittals and one copy of the hard copy of its Application:

3.7.3 Disqualification

The Application of an Applicant who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall be rejected.

3.7.4 Waiver and Rejection Rights

Notwithstanding any other provision of the RFQVA, the Division reserves the right to:

1. Waive any minor informality;
2. Reject any and all Applications or portions thereof; or
3. Cancel the RFQVA.

3.8 Special Notes to Day Treatment and Training Applicants

1. As of the release of Amendment Number 1, the Division has not completed its review of the Day Treatment and Training rates. However, existing providers are encouraged to apply for this service so that payment authorizations can be processed before July 1, 2003. The new rates will be released in a subsequent RFQVA amendment.
2. All Day Treatment and Training Applicants are encouraged to also apply for the Transportation service so that they can provide transportation to and from the program to consumers that are enrolled in their Day Treatment and Training Programs.

3.9 Special Note to Transportation Applicants

As of the release of Amendment Number 1, the Division has not completed its review of the “Flat Trip Rate for Regularly Scheduled Daily Transportation.” However, existing providers are encouraged to apply for this service so that payment authorizations can be processed before July 1, 2003. The new rates will be released in a subsequent RFQVA amendment.

3.10 Special Note to Habilitation, Nursing Supported Group Home Applicants

As of the release of Amendment Number 1, the Division has not completed its review of the Habilitation, Nursing Supported Group Home published rates. However, existing providers are encouraged to apply for this service so that payment authorizations can be processed before July 1, 2003. The new rates will be released in a subsequent RFQVA amendment.

will not be subject to a prospective quality evaluation of their program prior to the award of a Qualified Vendor Agreement (contract) by the Division. This is very different from all prior awards of contracts. The determination of quality service will be determined largely by consumer choice on an ongoing basis. Consumers will be able to change providers, utilize multiple providers, and encourage potential providers to apply to become a provider on an ongoing basis.

For some services, consumer choice will have some limitations. For example, group services, such as group homes and day treatment and training programs, consumer choice will be a shared responsibility of the group of consumers who will be sharing service provision. This will involve reaching consensus for a single choice among the entire group of consumers. For capacity based services, i.e., group homes, developmental homes, or day treatment and training programs, consumer choice may be limited to Qualified Vendors who have existing capacity for service until the Division determines additional capacity is needed and can be supported by Division funding.

The Division's ability to provide services is based on available funding. Every effort will be made by the Division to effectively and efficiently provide service to all eligible consumers. It is the expectation of the Division that consumers and Qualified Vendors will assist the Division in efficient and effective service planning and delivery.

4.5 Published Rate Schedules

The published rate schedules that are referenced and incorporated into the RFQVA are the result of the statutes that mandate the Division to adopt a published rate system (see A.R.S. 36-557). The published rate schedules:

- ❑ Satisfy the legislative mandate that the Division adopt a published rate system;
- ❑ Provide a critical element to the redesigned service procurement process that is contained in this RFQVA; and
- ❑ Provide equity and simplicity to the Division's reimbursement systems.

The Division produced and distributed a Provider Letter, dated January 21, 2003 concerning the published rate schedule. The letter and its attachments address:

- ❑ The development of the Benchmark Rates through the independent rate setting process;
- ❑ The State budgetary constraints that forced, and the methodology used by the Division, to scale back the Benchmark Rates to the Adopted Rates;
- ❑ The implementation of the Adopted Rates in Fiscal Year 2004 through a phase-in process; and
- ❑ The independent rate models that were used to develop the Benchmark Rates.

The Provider Letter, and its attachments, as well as any updates to the published rate schedules may be found on the Division's web site at www.de.state.az.us/ddd. The Division is anticipating release of the final published rate schedules prior to or on April 7, 2003.

The published rate schedules that will initially apply to this RFQVA, to be published prior to or on April 7, 2003 will not include rates for independent providers (non-agency rates). The independent provider rates (non-agency rates) included in the draft rate schedules that were released on January 21, 2003 for Attendant Care; Habilitation, Support; Housekeeping; Respite; Day Treatment and Training, Adult; Day Treatment and Training, Children (After-School); Day Treatment and Training, Children (Summer); Habilitation, Individually Designed Living Arrangement; and Transportation (Family) will be withdrawn. The rates will be re-released in the fall of 2003 after the development and administration of the statewide individual consumer level of need assessment process and the adoption of rate modifiers. Until that time independent providers will continue to be compensated pursuant to the independent rate schedule in the district where the consumer resides. After the statewide rates for independent providers (non-agency rates) are published, independent providers, whether or not they are Qualified Vendors, will receive the applicable statewide independent provider rate as modified by the individual consumer level of need assessment.

6. The Qualified Vendor shall have a staff back-up plan at all times in order to ensure that appropriately trained back-up staff are available when the primary staff person is not available and the service is critical to assure the maintenance of health and safety of the consumers receiving service.
7. The Qualified Vendor shall routinely monitor and supervise direct service staff to ensure the ability/fitness of the direct service staff as well as assess the effectiveness of the relationship between the consumer/consumer's representative and the direct service staff.

5.3 Training

1. The Qualified Vendor shall ensure that all direct service staff receive the following training:
 - 1.1 Minimum orientation standards regarding individuals served and the operations of the program.
 - 1.2 Minimum training standards in areas determined by the Division and Qualified Vendor depending upon the specific needs of the setting and/or of the consumers served.
 - 1.3 Specialized training as required.
2. All training completed shall be documented in the individual employee's personnel record.
3. The Qualified Vendor shall encourage participation of consumers and parents in presenting staff training.

5.4 Delivery of Services

1. The consumer/family/consumer's representative has the right and responsibility to choose from the available Qualified Vendors whom they believe will best meet the needs of the consumer. If services are provided to a group, the consumers shall collectively choose the Qualified Vendor.
2. The Qualified Vendor shall, as set forth in each consumer's Individual Support Plan (ISP), deliver services to consumers in such a manner that meets the following service goals:
 - 2.1 To increase or maintain the self-sufficiency of consumers.
 - 2.2 To maintain the health and safety of consumers.
 - 2.3 To provide services in a manner that supports and enhances the consumer's independence, self esteem, self-worth, mutual respect, value, and dignity.

2. The Qualified Vendor shall maintain a file on each consumer. A consumer's file should include the following, as applicable:
 - 2.1 Pertinent documents related to the consumer's ISP such as the consumer's ISP, the consumer's support plan, and the consumer's behavioral health treatment plan.
 - 2.2 Record of services rendered (including administration of medications) and the consumer's response to services.
 - 2.3 Documentation of communications with consumer/consumer's representative, other service providers, support coordinator, etc.
 - 2.4 Copy of the orientation document.
 - 2.5 Copy of attendance sheets.
 - 2.6 Copy of the monthly progress reports.
 - 2.7 Documentation of incidents related to the consumer and/or complaints related to the Qualified Vendor's care of the consumer and documentation of resolution.
 - 2.8 All required consents, such as General Consent and/or Consent for Use of Behavior Modifying Medications.

5.11 Application and Use of Published Rates

1. The Qualified Vendor shall comply with the following general requirements relating to the use of published rates in the delivery of agreement services. In addition, the Qualified Vendor shall comply with the rates procedures issued by the Division from time to time.
2. The published rate schedules and the requirements related to their use will be available on the Division's website on or before April 7, 2003. The published rate schedules and the requirements related to their use may be updated or changed from time to time. Affected agreements will be amended to include changes.
3. As indicated in Section 3.4, the Division is not accepting Qualified Vendor Applications from independent providers at this time. However, the Division will continue contracting with independent providers using Individual Service Agreements (ISAs).
 - 3.1 The published rate schedules that will initially apply to this RFQVA to be published prior to or on April 7, 2003 will not include rates for independent providers (non-agency rates). The independent provider rates (non-agency rates) included in the draft rate schedules that were released January 21, 2003 for Attendant Care; Habilitation, Support; Housekeeping; Respite; Day Treatment and Training, Adult; Day Treatment and Training, Children (After-School); Day Treatment and Training, Children (Summer); Habilitation, Individually Designed Living Arrangement; and Transportation (family) will be withdrawn.
 - 3.2 The independent provider rates (non-agency rates) will be re-released during the fall of 2003 after the development and administration of the statewide individual consumer level of need assessment process and the adoption of rate modifiers. Until that time independent providers will continue to be compensated pursuant to the independent rate schedule in the district where the consumer resides. After

- 4.2 Schedule 2 converts the staff hourly rates to daily rates for the services of Habilitation, Community Protection and Treatment Group Home; Habilitation, Group Home; and Habilitation, Nursing Supported Group Home. The schedule contains three sub-schedules for each of these services, one labeled “step-up rate,” one labeled “adopted rate,” and one labeled “step-down rate” based upon staff hourly rates. The rates on these schedules are to be used by Qualified Vendors providing these three services during Fiscal Year 2004.
- 4.3 The average paid unit rate that the Qualified Vendor was reimbursed during Fiscal Year 2003 will be determined in the following manner:

4.3.1 For the following services:

- ☐ Habilitation, Group Home
- ☐ Habilitation, Community Protection and Treatment Group Home
- ☐ Habilitation, Nursing Supported Group Home

The average rate will be determined by service site, with the calculated staff hour rate contained in the contract amendments relating to the Fiscal Year 2003 provider rate increase effective July 1, 2002, or any subsequent amendment between the Applicant and the Division agreed to in writing no later than November 1, 2002. Applicants should refer to the “Combined 4.0 and 5.5 for HABILITATION, Group Home” in their current contract. The calculated staff hour rate is the staff hour rate that was used in the calculation that produced the daily rate contained in the column on this document labeled “Rate Eff 7/1/02.”

If the Qualified Vendor adds new sites not previously in contract, the adopted rate will be used (i.e., not the step-up rate or the step-down rate).

4.3.2 For the following services:

- ☐ Room and Board, All Group Homes
- ☐ Occupational Therapy
- ☐ Occupational Therapy Early Intervention
- ☐ Physical Therapy
- ☐ Physical Therapy Early Intervention
- ☐ Speech Therapy
- ☐ Speech Therapy Early Intervention
- ☐ Transportation

There will be no average rate determined, in as much as the step-up, step-down, and adopted rate are all equal.

4.3.3 For the following services:

- ☐ Attendant Care
- ☐ Habilitation, Community Protection and Treatment Hourly
- ☐ Habilitation, Support

- ☐ Housekeeping
- ☐ Respite
- ☐ Habilitation, Vendor Supported Developmental Home (Child and Adult)
- ☐ Room and Board, Vendor Supported Developmental Home (Child and Adult)
- ☐ Habilitation, Individually Designed Living Arrangement
- ☐ Home Health Aide
- ☐ Nursing

The average paid unit rate will be determined for each Qualified Vendor by the Division based on the units billed by the Qualified Vendor and paid by the Division for Fiscal Year 2003, from the beginning of the fiscal year until February 7, 2003 and appearing on the Division's automated systems. In determining the average rate for each Qualified Vendor, the Division will not consider any claims that have a rate per unit of service that is below the single client floor rate established for Fiscal Year 2003 pursuant to the provider increase process established for the year.

4.3.4. For the following services:

- ☐ Day Treatment and Training, Adult
- ☐ Day Treatment and Training, Child (After-School)
- ☐ Day Treatment and Training, Child (Summer)

The average paid unit rate for services provided by the day treatment and training provider will be calculated for each Qualified Vendor by the Division based on the units billed by the Qualified Vendor and paid by the Division for Fiscal Year 2003, from the beginning of the fiscal year until February 7, 2003 and appearing on the Division's automated systems. In determining the average rate for each Qualified Vendor, the Division will not consider any claims that have a rate per unit of service that is below the floor rate established for Fiscal Year 2003 pursuant to the provider increase process established for that year. The calculation of the average paid unit rate for Day Treatment and Training, Child (After-School) and Day Treatment and Training, Child (Summer) will be calculated by as a single rate by taking all Day Treatment and Training, Child services billed. Similarly, the average paid unit rate for Day Treatment and Training, Adult will be calculated as a single rate.

made within a 12 month period of time following delivery of service. Underpayment billing corrections will not be considered beyond 12 months from service delivery.

6.4.2 Applicable Taxes.

6.4.2.1 *Payment of Taxes by the State*

The State shall pay only the rate and/or amount of taxes identified in the agreement.

6.4.2.2 *State and Local Transaction Privilege Taxes*

The State of Arizona is subject to all applicable state and local transaction privilege taxes. Transaction privilege taxes apply to the sale and are the responsibility of the seller to remit. Failure to collect taxes from the buyer does not relieve the seller from its obligation to remit taxes.

6.4.2.3 *Tax Indemnification*

The Qualified Vendor and all subcontractors shall pay all Federal, State and local taxes applicable to its operation and any persons employed by the Qualified Vendor. The Qualified Vendor shall, and require all subcontractors to, hold the State harmless from any responsibility for taxes, damages and interest, if applicable, contributions required under Federal, and/or State and local laws and regulations and any other costs including transaction privilege taxes, unemployment compensation insurance, Social Security and Worker's Compensation.

6.4.2.4 *Arizona Substitute W-9 Form*

In order to receive payment under the agreement, the Qualified Vendor shall have a current Arizona Substitute W-9 Form on file with the State of Arizona and shall submit a W-9 upon request by the Division. A W-9 will need to be submitted if there are any changes to the Qualified Vendor's address, name, telephone number or other information. A copy of this W-9 form can be found at the Arizona Department of Administration's General Accounting Office website, <http://www.gao.state.az.us/ach/>.

6.4.3 Availability of Funds.

Funds may not presently be available for performance under this agreement beyond the current fiscal year. No legal liability on the part of the State for any payment may arise under this agreement beyond the current fiscal year until funds are made available for performance of this agreement. The State shall make reasonable efforts to secure such funds. The Division may reduce payments or terminate this agreement without further recourse, obligation or penalty in the event that insufficient funds are appropriated or allocated. The Director of the Department shall have the sole and unfettered discretion in determining the availability of funds.

6.4.4 Certification of Cost or Pricing Data.

By signing the Qualified Vendor Application, agreement, agreement amendment or other official form, the Qualified Vendor is certifying that, to the best of the Qualified Vendor's knowledge and belief, any cost or pricing data submitted is accurate, complete and current as of the date submitted or other mutually agreed upon date. Furthermore, the price to the State shall be adjusted to exclude any significant amounts by which the State finds the price was increased because the Qualified Vendor-furnished cost or pricing data was inaccurate, incomplete or not current as of the date of certification. Such adjustment by the State may include overhead, profit or fees. The certifying of cost or pricing data does not apply when agreement rates are set by law or regulation.

ATTENDANT CARE

Service Description

This service provides a qualified attendant to supply needed services in order for the consumer to remain in his/her home and/or participate in work/community activities.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 The consumer's home; or
 - 1.2 The consumer's community.
2. This service shall not be provided while the consumer is attending day treatment and training.
3. This service shall not be provided when the consumer is hospitalized or otherwise receiving institutional services except prior to discharge to allow the consumer to return to a safe and sanitary environment.
4. This service shall not be provided to consumers living in group homes, vendor supported developmental homes (child or adult), skilled nursing facilities, non-state operated intermediate care facilities for the mentally retarded (ICFs/MR), or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

1. To assist the consumer to attain or maintain safe and sanitary living conditions and/or maintain personal cleanliness and activities of daily living.
2. To assist the consumer to remain in his/her home and/or participate in community activities.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Develop and implement a schedule and general plan of care (Attendant Care Agreement).

HABILITATION, COMMUNITY PROTECTION AND TREATMENT HOURLY

Service Description

This service provides a variety of interventions designed to maximize the functioning of consumers with intensive behavioral support needs or who otherwise meet the criteria for community protection and treatment.

In general, this service is designed to protect Community Protection and Treatment Program eligible consumers as well as the general public from possible harm and provide treatments and related supports designed to ameliorate symptoms, disorders or behaviors that have interfered with the consumer's full inclusion in the community.

Services may include but are not limited to: habilitative therapies, special developmental skills, behavior intervention, and sensory-motor development. These services must capture community strengths and resources and be designed with clear and therapeutic measurable outcomes.

Community Protection and Treatment is designed to be a time-limited program based on the needs and progress of the person.

Service Setting

1. This service may be provided in any setting authorized by the Division.
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

The foundation for achieving all service goals and objectives will be a person-centered plan that will minimally consist of the following focuses: a common understanding of the person from a strengths/needs perspective, developing a shared vision of the future that reflects a shared commitment for a quality life for the person, a listing of the opportunities and obstacles for reaching that vision, and a review process for checking progress over time.

2. As identified in the consumer's ISP or Person Centered Plan and support plan, provide a broad array of support services such as:
 - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
 - 2.2 Implementing strategies to address behavioral concerns, developing positive behavior support and intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
 - 2.3 Ensuring that the health needs of the consumer are being met, including providing follow up as requested by the consumer's primary care physician or medical specialist;
 - 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy and assisting consumers in following special diets, exercise routines, or other therapeutic regimes;
 - 2.5 Mobility training, alternative or adaptive communication training;
 - 2.6 Providing general supervision to the consumer;
 - 2.7 Opportunities for training and/or practice in basic consumer skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and
 - 2.8 Assisting consumers in utilizing community transportation resources to support the consumer in all daily living activities, e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities, as identified within the consumer's ISP.
3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.

7. Develop a monthly on-site/community integrated schedule of daily activities and document consumers' direct input into the monthly schedule. Daily activities and schedules are based on consumer choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to consumers, consumer representatives, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including day treatment and training providers, health care providers, behavioral health providers, and schools are coordinated to meet the needs of the consumers served.
9. Assist the consumer's ISP team in the development of the Emergency Contact Plan, Risk Assessment and the Discharge/Transition Checklist.
10. Provide security precautions for protection of neighbors and other community citizens to the extent possible.
11. Provide a structured, specialized environment.
12. Provide collaboration and coordination with appropriate community resources, such as local government, parole officers, and law enforcement agencies.

Service Utilization Guidelines

1. Utilization and authorization of services for each site will be determined based on the needs of all of the consumers at that site and will be revised as needs change.
2. The ISP team shall decide, prior to the delivery of services, who and how service delivery will be monitored.
3. The Qualified Vendor must comply with staffing levels as authorized by the Division staff and work in cooperation with the Division staff and the consumer's ISP team to reduce staffing level supports as the consumer requires less intensive supervision.

Rate

Published.

HABILITATION, SUPPORT

Service Description

This service provides a variety of interventions designed to maximize the functioning of consumers. Services may include but are not limited to: habilitative therapies, special developmental skills, behavior intervention, and sensory-motor development.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 The consumer's home; or
 - 1.2 The consumer's community.
2. This service shall not be provided while the consumer is attending day treatment and training.
3. This service shall not be provided when the consumer is hospitalized.
4. This service shall not be provided to consumers living in group homes, vendor supported developmental homes (child or adult), skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

1. To enable the consumer to acquire knowledge and skills and be a valued member of his/her community based on his/her own choices.
2. To provide training to increase or maintain the consumer's self-help, socialization, and adaptive skills to reside and participate successfully with his/her family in his/her own community.
3. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's vision of the future.

HOUSEKEEPING

Service Description

This service provides assistance in the performance of routine household activities at a consumer's place of residence.

Service Setting

1. This service shall be provided in the consumer's home.
2. This service may be provided outside only when unsafe/unsanitary conditions exist or in the community when purchasing supplies or medicines.
3. This service shall not be provided when the consumer is hospitalized.
4. This service shall not be provided to consumers residing in group homes, vendor supported developmental homes (child or adult), skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

To preserve or improve the safety and sanitation of the consumer's living conditions.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Develop and implement a schedule and general plan of care (Housekeeping Agreement).
2. Provide assistance to attain or maintain safe and sanitary living conditions, including but not limited to the following tasks:
 - 2.1 Dusting;
 - 2.2 Cleaning floors, bathrooms, oven, refrigerator, and windows (if necessary for safe and sanitary living conditions);
 - 2.3 Cleaning kitchen, washing dishes, routine maintenance and cleaning of household appliances;
 - 2.4 Changing linens and making bed;
 - 2.5 Washing, drying and folding the consumer's laundry (ironing only if necessary);

RESPIRE

Service Description

This service provides short-term care and supervision consistent with the health needs of the consumer to supplement care to provide a safe living environment and/or support or relieve caregivers for the benefit of the consumer.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 The consumer's home;
 - 1.2 The home of the Qualified Vendor or direct service staff that has been inspected and approved by the Department of Health or the Department of Economic Security;
 - 1.3 A group home or developmental home (child or adult) licensed by the Department of Economic Security;
 - 1.4 A Medicare/Medicaid certified nursing facility; or
 - 1.5 A certified ICF/MR.
2. When services occur in any building other than the consumer's home, the building must meet the requirements of building inspection for Fire, Health/Safety.
3. If out-of-home respite is provided in a licensed facility, the facility shall not provide services to more individuals than its license allows.
4. This service shall not be provided when the consumer is hospitalized.
5. This service shall not be provided to consumers living in group homes, vendor supported developmental homes (child or adult), skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities, or to consumers living independently.

Service Goals and Objectives

Service Goals

1. To provide relief to a family member or person caring for a consumer.
2. To provide supervision either in or outside of the home, as well as supporting the emotional, physical and mental well being of the consumer.

DAY TREATMENT AND TRAINING, ADULT

Service Description

This service provides specialized sensory-motor, cognitive, communicative, social, interaction and behavioral training for some portion of a 24-hour day.

Service Setting

1. This service shall not be provided in a group home or a developmental home (child or adult).
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

1. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
2. To develop positive relationships and support for consumers and their families.
3. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.
4. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's vision of the future.
5. To provide opportunities for consumers to participate in meaningful activities and experience new activities.

4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.
7. Develop a monthly on-site/community integrated schedule of daily activities and document consumers' direct input into the monthly schedule. Daily activities and schedules are based on consumer choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to consumers, consumer representatives, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including group homes, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. When appropriate, provide consumers opportunities to earn money as part of habilitative learning objectives.
10. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews shall include participation of consumers served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.

Service Utilization Guidelines

1. Typical usage is up to seven units per day; direct service time associated with providing transportation to/from the program is included in the "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate.
2. Service to adults and children shall be provided separately through the age of 15. Upon age 16, transition plans shall be individually developed, and may permit the provision of services to children concurrently with adults with parental consent.

If the consumer permanently stops attending the Qualified Vendor's facility, then the Qualified Vendor shall notify the DDD Program Administrator/Manager or designee. The Qualified Vendor shall not bill the Division for vacancies.

Direct Service Staff Qualifications

The direct service staff shall have at least three months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file consumer attendance reports and proof of hours worked by their direct service staff, e.g. staff time sheets.

DAY TREATMENT AND TRAINING, CHILD (AFTER-SCHOOL)

Service Description

This service provides specialized sensory-motor, cognitive, communicative, social, interaction and behavioral training for some portion of a 24-hour day during the school year.

Service Setting

1. This service shall not be provided in a group home or a developmental home (child or adult).
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

1. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
2. To develop positive relationships and support for consumers and their families.
3. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.
4. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's and his/her family's vision of the future.
5. To provide opportunities for consumers to participate in meaningful activities and experience new activities.

4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.
7. Develop a monthly on-site/community integrated schedule of daily activities and document the consumer's direct input into the monthly schedule. Daily activities and schedules are based on the consumer's choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to the consumer, consumer's representative, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including group homes, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews shall include participation of consumers served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.

Service Utilization Guidelines

1. Typical usage is up to four units per day on school days; direct service time associated with providing transportation to/from the program is included in the "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate.
2. Service to children shall be provided separately through the age of 15. Upon age 16, transition plans shall be individually developed, and may permit the provision of services to children concurrently with adults with parental consent.

Direct Service Staff Qualifications

The direct services staff shall:

1. Have at least three months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience; and
2. Have completed training, approved by the Division, in early childhood development when working with children who are under age six.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file consumer attendance reports and proof of hours worked by their direct service staff, e.g. staff time sheets.

DAY TREATMENT AND TRAINING, CHILD (SUMMER)

Service Description

This service provides specialized sensory-motor, cognitive, communicative, social, interaction and behavioral training for some portion of a 24-hour day during summer vacation.

Service Setting

1. This service shall not be provided in a group home or a developmental home (child or adult).
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities, non-state operated ICFs/MR, or Level I or Level II behavioral health facilities.

Service Goals and Objectives

Service Goals

1. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
2. To develop positive relationships and support for consumers and their families.
3. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.
4. To assist the consumer in achieving and maintaining a quality of life that promotes the consumer's and his/her family's vision of the future.
5. To provide opportunities for consumers to participate in meaningful activities and experience new activities.

4. Assist each consumer in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
5. Provide opportunities for consumers to participate in community activities and facilitate consumer utilization of community resources.
6. Provide transportation necessary to support program activities.
7. Develop a monthly on-site/community integrated schedule of daily activities and document the consumer's direct input into the monthly schedule. Daily activities and schedules are based on the consumer's choice, developmental level, ISP goals, and enrichment of life experiences. Allow for reasonable choice in activity participation, and offer alternative activities. This schedule shall be available to the consumer, consumer's representative, or others upon request.
8. Play an active role in ensuring that services with other involved entities, including group homes, health care providers, and schools are coordinated to meet the needs of the consumers served.
9. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews shall include participation of consumers served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.

Service Utilization Guidelines

1. Typical usage is up to four units per day during summer vacation; direct service time associated with providing transportation to/from the program is included in the "Flat Trip Rate for Regularly Scheduled Daily Transportation" rate.
2. Service to children shall be provided separately through the age of 15. Upon age 16, transition plans shall be individually developed, and may permit the provision of services to children concurrently with adults with parental consent.

Direct Service Staff Qualifications

The direct service staff shall:

1. Have at least three months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience; and
2. Have completed training, approved by the Division, in early childhood development when working with children who are under age six.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file consumer attendance reports and proof of hours worked by their direct service staff, e.g. staff time sheets.

ROOM AND BOARD, VENDOR SUPPORTED DEVELOPMENTAL HOME (CHILD AND ADULT)

Service Description

This service is a 24-hour day service that provides for a safe and healthy living environment that meets the physical needs of the consumer.

Service Setting

1. This service shall be provided in a developmental home (child or adult).
2. This service shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goal

To provide a residential environment that is dignified and “home-like,” ensures a safe and healthy living arrangement, and meets the physical and emotional needs of the consumer.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Ensure involvement of the consumer and/or his/her family in home furnishings/decor and any necessary modifications to optimize independence and personal preferences.
2. Ensure a safe and healthy living environment, which meets the physical and emotional needs of the consumer, is culturally appropriate and is available on a 24-hour basis.
3. Ensure the nutritional maintenance for consumers served by planning for and preparing nutritionally balanced meals in accordance with the consumer’s needs and in conjunction with the consumer’s preference.
4. Pay the developmental home subcontractor for the room and board service with the following exceptions:
 - 4.1 When consumers are Native American for whom their Tribe or Bureau of Indian Affairs has agreed to pay for the room and board services.
 - 4.2 When cost share agreements are made by the Division with a behavioral health entity to pay for room and board services as part of “wrap around” services for a consumer.

HABILITATION, INDIVIDUALLY DESIGNED LIVING ARRANGEMENT

Service Description

This service provides a variety of interventions designed to maximize the functioning of consumers. Services may include but are not limited to: habilitative therapies, special developmental skills, behavior intervention, and sensory-motor development.

Service Setting

1. This service provides for an alternative, non-licensed residential living situation for consumers within the Division's philosophical base of self-determination; enabling the consumer to choose where and with whom he/she will live and assume all responsibility for his/her residence. Generally, up to three consumers reside together in a private residence that is leased or owned by the consumer(s) and/or the consumer(s) representative(s). The focus of this service is to provide habilitative supports to these consumers based on the collective need for direct staff support to eligible consumers who have chosen to reside together and share their resources.
2. This service shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goals

1. To provide a broad array of support services to promote the physical, emotional, and mental well being of the consumer.
2. To enable the consumer to acquire knowledge and skills and be a valued member of his/her community based on his/her own choices.
3. To provide training and supervision for the consumer to increase or maintain his/her self-help, socialization, and adaptive skills to reside and participate successfully in his/her own community.
4. To develop positive relationships and support for consumers and their families.
5. To provide opportunities for consumers to interact socially with family, friends, and the community at large, including providing information regarding and facilitating access to community resources.

Rate

1. Published.
2. If at least one of the residents in the facility is authorized to receive this service, the Qualified Vendor may bill the Division the Habilitation, Community Protection and Treatment Group Home rate for all residents in the facility.
3. If the resident that requires Habilitation, Community Protection and Treatment Group Home direct service hours moves out of the facility, the Qualified Vendor may continue to bill the Division at the Habilitation, Community Protection and Treatment Group Home rate for the reduced number of residents for a 60 day period, at which point the facility will be delivering Habilitation, Group Home services.
4. The daily rate for this service is established through an Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home, and is based on Staff Hour unit of service. Staff Hours are the hours provided by the Qualified Vendor that the Division authorizes the Qualified Vendor to schedule and provide at the service site to assure health, safety, and the delivery of habilitation services to the residents.
5. The Division will make payments to the Qualified Vendor on the *per diem* basis based on the hourly rate for the Staff Hour unit of service, the number of residents in the home, and the direct service hours provided up to the number of authorized direct service hours for the home. The adopted rate does not include incontinent supplies or nutritional supplements, which shall be billed separately. These modifiers will be approved by the Division on a case-by-case basis, and the Qualified Vendor will be paid for these expenses in addition to the *per diem* rate and only for those residents that require them.
6. The Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home is composed of ranges representing the number of direct service hours that may be authorized by the Division to be provided by the Qualified Vendor at a particular group home during a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday. The Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home contains 14 ranges, each of which specifies the number of direct service hours the Qualified Vendor must provide in order to bill the *per diem* rates associated with that range. This Matrix is statewide for all Habilitation, Community Protection and Treatment Group Homes. The Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home illustrates the span of direct service hours associated with each authorized range.

7. The Qualified Vendor shall invoice for payment for each consumer the *per diem* rate on the Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home that reflects the number of residents in the group home and the range of hours that reflect the lesser of 1) the authorized direct service hours, or 2) the actual direct service hours delivered.
8. The *per diem* rates paid to a Qualified Vendor with multiple homes will vary among homes according to the authorized direct service hours, actual direct service hours provided, and number of residents at each group home.
9. Because direct service hours provided can vary by week, and the number of occupants can vary both by week and within a week, the Qualified Vendor may bill more than one *per diem* rate for each resident on their monthly invoice, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.
10. The Qualified Vendor shall use the actual resident occupancy to determine the *per diem* rate to be billed to the Division. The actual resident occupancy includes all residents, whether or not they are funded by the Division. The Qualified Vendor must notify the DDD Program Administrator/Manager or designee about movement into or out of a home by any resident, whether or not funded by the Division. The Division shall determine if direct service hours will be adjusted on a temporary or permanent basis to reflect the need for direct service hours.
11. If a resident is not in the group home facility on a particular day, the Qualified Vendor shall not bill the Division for this resident. In this situation, the Qualified Vendor shall bill the Division the *per diem* rate for the actual number of Division-funded residents.

Examples below illustrate some of the scenarios that the Qualified Vendor may come across over the course of providing direct service services to their consumers.

Example 1: Typical Billing

Using Range 6 of the Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home as reflective of both the authorized range and the number of direct service hours delivered, and assuming three residents were present in the group home, the applicable *per diem* rate per resident would be \$134.40.

Example 2: Qualified Vendor Provides More/Fewer Hours than Authorized

Using Range 8 of the Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home as reflective of the authorized range, the Qualified Vendor is authorized to provide between 190 and 210 hours of direct service. As long as the Qualified Vendor's direct

service hours are within this range, the Qualified Vendor will bill the division a *per diem* rate equivalent to that shown in Range 8. If, however, the Qualified Vendor delivers 185 direct hours, or fewer than the low end of Range 8, the Qualified Vendor will bill the *per diem* rate at Range 7, or the range reflecting the actual direct service hours that were delivered.

On the other hand, if the Qualified Vendor delivers 215 of direct service hours, or more than those authorized in Range 8 (equivalent to 210 hours), the Qualified Vendor will continue to bill the *per diem* rate at Range 8, or the range reflecting the direct service hours that were authorized by the Division.

Example 3: Different Number of Residents

Using Range 6 of the Adopted Rate Matrix for Habilitation, Community Protection and Treatment Group Home as reflective of both the authorized range and the number of direct service hours delivered, and assuming three residents were present in the group home, the applicable *per diem* rate per resident would be \$134.40.

Assume on day two of the week one resident leaves, until an adjustment is made and unless the Qualified Vendor reduces the number of direct service hours for the remaining two residents, the Qualified Vendor shall bill the Division a *per diem* rate based the authorized range of hours (Range 6) and two residents. Therefore, starting with day two of the week and until an adjustment is made in the authorized direct service hours, the Qualified Vendor shall bill the Division a *per diem* rate of \$201.60 for the remaining two residents.

Unit of Service

One unit of service equals one hour (60 minutes) of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and can be verified by consumer attendance records and includes transportation time spent with consumers during daily activities. This unit of service is converted to a daily rate for billing purposes.

Direct Service Staff Qualifications

1. Direct service staff must:
 - 1.1 Have at least three months experience implementing and documenting performance in individual programs (specific training strategies);
 - 1.2 Have both three months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
 - 1.3 Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.

2. The Qualified Vendor must require staff to complete the following training (to be reviewed and approved by the Division's Director of Clinical Services) prior to start of work but not limited to:
 - 2.1 Defining both challenging and desired behaviors in observable and measurable terms;
 - 2.2 Describing several strengths of consumers as well as needs and how these relate to challenging behaviors;
 - 2.3 Describing the values of the consumer and how they might contribute to the challenging behaviors;
 - 2.4 Identifying the consumer's most effective learning style;
 - 2.5 Involving the consumer's family and supportive others in identifying strengths/needs;
 - 2.6 Identifying the need for the consumer to have an assessment/reassessment to determine if behavioral health needs are being met;
 - 2.7 Staff and/or victim grooming and manipulation techniques;
 - 2.8 The therapy "triangle relationship" that can occur;
 - 2.9 Recognizing emotional responses;
 - 2.10 Offense patterns;
 - 2.11 Ways to develop mutually respectful and trusting relationships while guarding against potentially manipulative behaviors of program participants;
 - 2.12 Awareness of power and control over individuals in a subordinate role; and
 - 2.13 Principles of positive behavior support and person centered planning.
3. The Qualified Vendor shall ensure that appropriate staff participate in a Division supported forum designed to assist all Community Protection and Treatment providers in the areas of person centered planning reviews, ongoing staff training aimed at developing competencies in positive behavioral supports and other therapeutic modalities, clinical oversight and other supportive ventures.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file consumer attendance reports and proof of hours worked by their direct service staff, e.g. staff time sheets.

for the home. The adopted rate does not include incontinent supplies or nutritional supplements, which shall be billed separately. These modifiers will be approved by the Division on a case-by-case basis, and the Qualified Vendor will be paid for these expenses in addition to the *per diem* rate and only for those residents that require them.

4. The Adopted Rate Matrix for Habilitation, Group Home is composed of ranges representing the number of direct service hours that may be authorized by the Division to be provided by the Qualified Vendor at a particular group home during a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday. The Adopted Rate Matrix for Habilitation, Group Home contains 14 ranges, each of which specifies the number of direct service hours the Qualified Vendor must provide in order to bill the *per diem* rates associated with that range. This Matrix is statewide for all Habilitation, Group Homes. The Adopted Rate Matrix for Habilitation, Group Home illustrates the span of direct service hours associated with each authorized range.
5. The Qualified Vendor shall invoice for payment for each consumer the *per diem* rate on the Adopted Rate Matrix for Habilitation, Group Home that reflects the number of residents in the group home and the range of hours that reflect the lesser of 1) the authorized direct service hours, or 2) the actual direct service hours delivered.
6. The *per diem* rates paid to a Qualified Vendor with multiple homes will vary among homes according to the authorized direct service hours, actual direct service hours provided, and number of residents at each group home.
7. Because direct service hours provided can vary by week, and the number of occupants can vary both by week and within a week, the Qualified Vendor may bill more than one *per diem* rate for each resident on their monthly invoice, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.
8. The Qualified Vendor shall use the actual resident occupancy to determine the *per diem* rate to be billed to the Division. The actual resident occupancy includes all residents, whether or not they are funded by the Division. The Qualified Vendor must notify the DDD Program Administrator/Manager or designee about movement into or out of a home by any resident, whether or not funded by the Division. The Division shall determine if direct service hours will be adjusted on a temporary or permanent basis to reflect the need for direct service hours.
9. If a resident is not in the group home facility on a particular day, the Qualified Vendor shall not bill the Division for this resident. In this situation, the Qualified Vendor shall bill the Division the *per diem* rate for the actual number of Division-funded residents.

Examples below illustrate some of the scenarios that the Qualified Vendor may come across over the course of providing direct service services to their consumers.

Example 1: Typical Billing

Using Range 6 of the Adopted Rate Matrix for Habilitation, Group Home as reflective of both the authorized range and the number of direct service hours delivered, and assuming five residents were present in the group home, the applicable *per diem* rate per resident would be \$72.55.

Example 2: Qualified Vendor Provides More/Fewer Hours than Authorized

Using Range 8 of the Adopted Rate Matrix for Habilitation, Group Home as reflective of the authorized range, the Qualified Vendor is authorized to provide between 190 and 210 hours of direct service. As long as the Qualified Vendor's direct service hours are within this range, the Qualified Vendor will bill the division a *per diem* rate equivalent to that shown in Range 8. If, however, the Qualified Vendor delivers 185 direct hours, or fewer than the low end of Range 8, the Qualified Vendor will bill the *per diem* rate at Range 7, or the range reflecting the actual direct service hours that were delivered.

On the other hand, if the Qualified Vendor delivers 215 of direct service hours, or more than those authorized in Range 8 (equivalent to 210 hours), the Qualified Vendor will continue to bill the *per diem* rate at Range 8, or the range reflecting the direct service hours that were authorized by the Division.

Example 3: Different Number of Residents

Using Range 6 of the Adopted Rate Matrix for Habilitation, Group Home as reflective of both the authorized range and the number of direct service hours delivered, and assuming five residents were present in the group home, the applicable *per diem* rate per resident would be \$72.55.

Assume on day two of the week one resident leaves, until an adjustment is made and unless the Qualified Vendor reduces the number of direct service hours for the remaining four residents, the Qualified Vendor shall bill the Division a *per diem* rate based the authorized range of hours (Range 6) and four residents. Therefore, starting with day two of the week and until an adjustment is made in the authorized direct service hours, the Qualified Vendor shall bill the Division a *per diem* rate of \$90.69.

Unit of Service

One unit of service equals one hour (60 minutes) of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and can be verified by consumer attendance records and includes transportation time spent with consumers during daily activities. This unit of service is converted to a daily rate for billing purposes.

Direct Service Staff Qualifications

Direct service staff must:

1. Have at least three months experience implementing and documenting performance in individual programs (specific training strategies);
2. Have both three months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
3. Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file consumer attendance reports and proof of hours worked by their direct service staff, e.g. staff time sheets.
4. The Qualified Vendor shall provide monthly reports of all health care appointments and results to the responsible party.
5. The Qualified Vendor shall ensure a log of personal belongings of consumers served is maintained and continually updated. The Qualified Vendor will also submit to the consumer's representative a monthly accounting of expenditures per the individual spending plan.

Rate

1. Published.
2. The daily rate for this service is established through an Adopted Rate Matrix, for Habilitation, Nursing Supported Group Home and is based on Staff Hour unit of service. Staff Hours are the hours provided by the Qualified Vendor that the Division authorizes the Qualified Vendor to schedule and provide at the service site to assure health, safety, and the delivery of habilitation services to the residents.
3. The Division will make payments to the Qualified Vendor on the *per diem* basis based on the hourly rate for the Staff Hour unit of service, the number of residents in the home, and the direct service hours provided up to the number of authorized direct service hours for the home. The adopted rate does not include incontinent supplies or nutritional supplements, which shall be billed separately. These modifiers will be approved by the Division on a case-by-case basis, and the Qualified Vendor will be paid for these expenses in addition to the *per diem* rate and only for those residents that require them.
4. The Adopted Rate Matrix for Habilitation, Nursing Supported Group Home is composed of ranges representing the number of direct service hours that may be authorized by the Division to be provided by the Qualified Vendor at a particular group home during a week. A week is a consecutive seven day stretch of time that begins at midnight on Sunday and ends at 11:59 p.m. the following Saturday. The Adopted Rate Matrix for Habilitation, Nursing Supported Group Home contains 14 ranges, each of which specifies the number of direct service hours the Qualified Vendor must provide in order to bill the *per diem* rates associated with that range. This Matrix is statewide for all Habilitation, Nursing Supported Group Homes. The Adopted Rate Matrix for Habilitation, Nursing Supported Group Home illustrates the span of direct service hours associated with each authorized range.
5. The Qualified Vendor shall invoice for payment for each consumer the *per diem* rate on the Adopted Rate Matrix for Habilitation, Nursing Supported Group Home that reflects the number of residents in the group home and the range of hours that reflect the lesser of 1) the authorized direct service hours, or 2) the actual direct service hours delivered.
6. The *per diem* rates paid to a Qualified Vendor with multiple homes will vary among homes according to the authorized direct service hours, actual direct service hours provided, and number of residents at each group home.
7. Because direct service hours provided can vary by week, and the number of occupants can vary both by week and within a week, the Qualified Vendor may bill more than one *per diem* rate for each resident on their monthly invoice, but none of the rates billed shall be in excess of the rate which reflects the number of authorized direct service hours.

Assume on day two of the week one resident leaves, until an adjustment is made and unless the Qualified Vendor reduces the number of direct service hours for the remaining four residents, the Qualified Vendor shall bill the Division a *per diem* rate based the authorized range of hours (Range 6) and four residents. Therefore, starting with day two of the week and until an adjustment is made in the authorized direct service hours, the Qualified Vendor shall bill the Division a *per diem* rate of \$126.00.

Unit of Service

One unit of service equals one hour (60 minutes) of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and can be verified by consumer attendance records and includes transportation time spent with consumers during daily activities. Unit of service also includes disposable medical supplies. This unit of service is converted to a daily rate for billing purposes.

Qualifications

1. Direct service staff must:
 - 1.1 Have at least three months experience implementing and documenting performance in individual programs (specific training strategies);
 - 1.2 Have both three months experience in providing either respite or personal care and have received training, approved by the Division, in implementing and documenting performance; or
 - 1.3 Perform three months of habilitation services under the direct supervision of an individual who is qualified to provide habilitation as described above.
2. The home must be under the general supervision of an RN.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall maintain a copy of the support plan on file and make it available to the consumer/family/consumer's representative and/or Division upon request.
2. The Qualified Vendor shall submit monthly progress reports, including a written summary describing the specific service activities and the performance data that identifies the consumer's progress toward achievement of the established objectives, within ten business days of the close of the month to the consumer's support coordinator and the consumer/family/consumer's representative.
3. The Qualified Vendor must maintain on file consumer attendance reports and proof of hours worked by their direct service staff, e.g. staff time sheets.
4. The Qualified Vendor shall provide monthly reports of all health care appointments and results to the consumer's representative.

ROOM AND BOARD, ALL GROUP HOMES

Service Description

This service is a 24-hour per day service that provides for a safe and healthy living environment that meets the physical needs of the consumer.

Service Setting

1. This service may be provided in any licensed community residential setting other than a developmental home (child or adult).
2. This service shall not be provided when the consumer is hospitalized.

Service Goals and Objectives

Service Goal

To provide a residential environment that is dignified and “home-like,” ensures a safe and healthy living arrangement, and meets the physical and emotional needs of the consumer.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Ensure involvement of the consumer and/or his/her family in home furnishings/decor and any necessary modifications to optimize independence and personal preferences.
2. Ensure a safe and healthy living environment, which meets the physical and emotional needs of the consumer, is culturally appropriate and is available on a 24-hour basis.
3. Ensure the nutritional maintenance for consumers served by planning for and preparing nutritionally balanced meals in accordance with the consumer’s needs and in conjunction with the consumer’s preference.
4. If the Qualified Vendor provides habilitation services in a licensed community residential setting other than developmental homes (i.e., group homes, nursing supported group homes, and community protection and treatment group homes), provide room and board services to consumers residing in these licensed residential settings. Exceptions:
 - 4.1 When habilitation services are provided to consumers who are Native American and for whom their Tribe or Bureau of Indian Affairs has agreed to pay for the room and board services.

HOME HEALTH AIDE

Service Description

This service provides intermittent health maintenance, continued treatment or monitoring of a health condition, and supportive care for activities of daily living at the consumer's place of residence.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 The consumer's home;
 - 1.2 A group home;
 - 1.3 A developmental home (child or adult); or
 - 1.4 A Level I or Level II behavioral health facility.
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities or non-state operated ICFs/MR.

Service Goals and Objectives

Service Goals

To increase or maintain self-sufficiency of consumers.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Obtain order from physician for home health aide services that is renewed every 62 days.
2. Under the supervision of a registered nurse (RN), develop a plan of care, which is reviewed with the registered nurse every 60 days and sent to the primary care physician (PCP) for approval, based on:
 - 2.1 The consumer's self-care skills; and
 - 2.2 The consumer's health condition.

NURSING

Service Description

This service provides nursing intervention that may include patient care, coordination, facilitation, and education.

Service Setting

1. This service may be provided in the following settings:
 - 1.1 A consumer's home;
 - 1.2 A group home;
 - 1.3 A developmental home (child or adult);
 - 1.4 A Level I or Level II behavioral health facility; or
 - 1.5 A day treatment and training program.
2. This service shall not be provided when the consumer is hospitalized.
3. This service shall not be provided to consumers living in skilled nursing facilities or non-state operated ICFs/MR.

Service Goals and Objectives

Service Goals

1. To improve or maintain the physical well being and/or mental health of consumers.
2. To increase or maintain self-sufficiency of consumers.
3. To provide relief/respite to caregivers of consumers.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. After the consumer's primary care physician (PCP), or attending physician of record, has provided orders for nursing services, assess skilled needs to develop a plan of treatment, which includes the nursing care plan.
 - 1.1 As specified in the Arizona Nurse Practice Act and prior to the start of service, obtain the written statement from the primary care physician that contains the diagnosis and scope of skilled nursing needs, and medical orders, as needed.

4. Goals will be identified and developed within the context of the ISP team so that the consumer will receive consistency across environments (home and community). Supports and services should build upon natural relationships and be delivered in settings and ways that support daily routines. Informational support will be provided on a regular basis to consumers/families/consumer representatives.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and train family/consumer's representative in use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. Services should be time limited.
7. To continue service, progress and family/consumer representative follow through should be documented.
8. The Qualified Vendor/direct service staff will review the need for ongoing therapy and adjust recommendations for level of intervention/treatment and modify or discontinue when a skilled therapist is no longer necessary.

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.

Service Utilization Guidelines

1. Evaluation and assessment, standards of service delivery, and family's concerns, priorities and resources determine the outcomes identified in the IFSP.
2. The IFSP team determines who will assist the family and child in attaining the outcomes.
3. All IFSP team members contribute to the discussion of types and frequency of services and are not unilateral decision-makers.
4. Service delivery methods, times, days, locations should be flexible and meet the requirements of natural environments.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and support the family in its use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. The IFSP team will review the progress toward the IFSP outcomes and determine the appropriateness of services identified to meet the outcomes.

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.

5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and train family/consumer's representative in use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. Services should be time limited.
7. To continue service, progress and family/consumer representative follow through should be documented. Services should be discontinued as indicated.
8. The Qualified Vendor/direct service staff will review the need for ongoing therapy and adjust recommendations for level of intervention/treatment and modify or discontinue when a skilled therapist is no longer necessary.

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.
3. If the Qualified Vendor provides this service with a single direct service staff person to multiple consumers at the same time, the basis of payment for each consumer will be the total direct service time multiplied by the appropriate multiple client rate for the same unit of service. In no event will more than three consumers receive this service with a single direct service staff person at the same time.

Service Utilization Guidelines

1. Evaluation and assessment, standards of service delivery, and family's concerns, priorities and resources determine the outcomes identified in the IFSP.
2. The IFSP team determines who will assist the family and child in attaining the outcomes.
3. All IFSP team members contribute to the discussion of types and frequency of services and are not unilateral decision-makers.
4. Service delivery methods, times, days, locations should be flexible and meet the requirements of natural environments.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and support the family in its use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. The IFSP team will review the progress toward the IFSP outcomes and determine the appropriateness of services identified to meet the outcomes.

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.

4. Goals will be identified and developed within the context of the ISP team so that the consumer will receive consistency across environments (home and community). Supports and services should build upon natural relationships and be delivered in settings and ways that support daily routines. Informational support will be provided on a regular basis to consumers/families/consumer representatives.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and train family/consumer's representative in use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. Services should be time limited.
7. To continue service, progress and family/consumer representative follow through should be documented. Services should be discontinued as indicated.
8. The Qualified Vendor/direct service staff will review the need for ongoing therapy and adjust recommendations for level of intervention/treatment and modify or discontinue when a skilled therapist is no longer necessary.

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour

Service Utilization Guidelines

1. Evaluation and assessment, standards of service delivery, and family's concerns, priorities and resources determine the outcomes identified in the IFSP.
2. The IFSP team determines who will assist the family and child in attaining the outcomes.
3. All IFSP team members contribute to the discussion of types and frequency of services and are not unilateral decision-makers.
4. Service delivery methods, times, days, locations should be flexible and meet the requirements of natural environments.
5. The Qualified Vendor/direct service staff should make recommendations for needed equipment, help obtain equipment and support the family in its use and maintenance. The Qualified Vendor/direct service staff will monitor equipment as appropriate.
6. The IFSP team will review the progress toward the IFSP outcomes and determine the appropriateness of services identified to meet the outcomes.

Rate

1. Published.
2. If the Qualified Vendor provides this service, other than evaluation, to a consumer within the distance specified in the published rate schedule, the Qualified Vendor shall bill the Division the rate that corresponds to the traveled distance.

Unit of Service

1. One unit of evaluation equals one visit for evaluation.
2. The basis of payment for this service other than evaluation is an hourly unit of direct service time. Direct service time is the period of time spent with or on behalf of the consumer and verified by the consumer. When billing, the Qualified Vendor should round its direct service time to the nearest 15-minute increment, as illustrated in the examples below:
 - ☐ If services were provided for 65 minutes, bill for 1 hour.
 - ☐ If services were provided for 68 minutes, bill for 1.25 hour.
 - ☐ If services were provided for 50 minutes, bill for 0.75 hour.

TRANSPORTATION

Service Description

This service provides non-emergency ground transportation as prior approved by the Division in the following situations:

1. For home visits for consumers residing in developmental homes or group homes when providing such transportation would be an extraordinary burden on the developmental home or group home Qualified Vendor, and the consumer's natural supports cannot provide such service.
2. For occupational, physical or speech therapy appointments when the consumer's natural supports cannot provide such service.
3. For day treatment programs if the consumer is enrolled in a day treatment program, and the consumer's natural supports cannot provide such service.

Service Setting

This service shall not be provided to consumers residing in group homes or developmental homes (child or adult) unless the service is for a home visit and providing such transportation would be an extraordinary burden on the developmental home or group home Qualified Vendor, and the consumer's natural supports cannot provide such service.

Service Goals and Objectives

Service Goal

To increase or maintain self-sufficiency, mobility and/or community access of consumers.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. Provide transportation to consumers from one location to another. This includes traveling to and from designated locations to pick up or drop off consumers at specified times.

2. Provide transportation to home visits, therapy appointments, and to and from a day treatment program. (Transportation to medical appointments is typically coordinated through the consumer's AHCCCS/ALTCS health plan. Transportation to behavioral health services is typically coordinated through the Regional Behavioral Health Authority.)
3. Assist the consumers in entering and exiting the vehicle as necessary.
4. Utilize a method to schedule authorized trips that is capable of accommodating advanced reservation, same day requests and cancellations.
5. Schedule pick up and drop off times so that the consumer does not have to wait more than 20 minutes.
6. Notify the consumer/family/consumer's representative if the driver is 20 or more minutes late or is unable to transport, and have a backup plan in case the scheduled driver or vehicle is unavailable. The consumer will not be transported by another provider without prior consent of the consumer/family/consumer's representative.
7. Equip each vehicle with a two-way radio or a cellular phone that is adequate for the range of vehicle utilization.

Service Utilization Guidelines

1. Using the assessment and plan developmental processes, the need for transportation is assessed by the consumer's ISP team when there is no other community or family resources for transportation available.
2. All transportation services must be prior authorized by the Division.
3. As assessed by the consumer's ISP team, the Division may prior authorize an aide to accompany the driver to supervise consumers for safety or other reasons.
4. The Division may request that the Qualified Vendor wait while the consumer completes the appointment.
5. The Qualified Vendor shall allow one escort to accompany the consumer. An escort is a caregiver who accompanies the consumer. The Qualified Vendor shall not charge a transport fee for the escort.

6. When a consumer needs transportation services, the Qualified Vendor will be contacted with information relative to the dates and times service is needed, pick up and drop off points and if an aide or wait time will be needed.
7. Typical utilization would not exceed two one-way trips per day.

Rate

1. Published.
2. Separate urban and rural rates and procedure codes are established for transportation services. Except for “Flat Trip Rate for Regularly Scheduled Daily Transportation,” urban transports are those that originate within the Phoenix and Tucson metropolitan areas. All other transports that are not “Flat Trip Rate for Regularly Scheduled Daily Transportation” are defined as rural.
3. The “Flat Trip Rate for Regularly Scheduled Daily Transportation” rate can only be used, and shall be the only rate used, for transportation of a consumer to a day treatment program by a Qualified Vendor that is not an independent provider.
4. Separate urban and rural rates are established for the “Flat Trip Rate for Regularly Scheduled Daily Transportation.” The Qualified Vendor shall bill the Division the rural rate only after it receives authorization from the DDD Program Administrator/Manager or designee. The general guideline for authorizing the rural “Flat Trip Rate for Regularly Scheduled Daily Transportation” rate for rural areas is that the potential Day Treatment and Training client base of the program size has fewer than 20 consumers in a 40 mile radius.
5. The “Non-Emergency Transportation, Family and Friend” rate can only be used, and shall be the only rate used, for transportation of a consumer by an independent individual provider, regardless of whether that provider is or is not a Qualified Vendor.

Unit of Service

1. One unit of service equals one trip per person one way, one mile of traveled distance, or 30 minutes of waiting time.
2. Mileage reimbursement is limited to loaded mileage. Loaded mileage is the distance traveled, measured in statute miles, while a consumer is on board and being transported.

Direct Service Staff Qualifications

Drivers shall be over the age of eighteen, have the appropriate training, license and endorsement for the vehicle being used.

Recordkeeping and Reporting Requirements

1. The provider shall maintain copies of vehicles maintenance records and safety inspections on file.
2. The provider shall record services delivered to each consumer, submit them to Division designee, and maintain copies on file. The records shall include, at a minimum by consumer, the consumer's name and ASSISTS identification number, date of service, mileage, and pick up and drop off times. The records must be signed by the consumer, family or consumer's representative as verification of services provided.

Information for the System will be requested using the following structure:

1. Registration with the System. This feature will be activated with the release of the Application component of the System. Applicants will register with the System in order to receive a password and gain access to the Qualified Vendor Application.
2. Vendor contract information. This feature of the System will collect information such as vendor name, street address, contact person, etc. (See “4. Vendor Application Contract Information Section” below.)
3. Qualified Vendor Application Assurances and Submittals form. This feature must be completed for the application process. (See “5. Qualified Vendor Application Assurances and Submittals Section” below.)
4. General vendor policy information. This feature collects information required for the application process relating to such items as the recruitment and training policies and the quality management plan of the applicant. (See “6. General Vendor Policy Information” below.)
5. Administrative sites and Group Home and Day Treatment and Training sites. This feature will only be partially activated for the Application release. For the application process, information will be required on any group home, habilitation – vendor operated supported developmental home, habilitation – individually designed living arrangement, and day treatment and training sites that are operated by the applicant. When the Directory release is made available, certain information regarding each administrative site operated by the Qualified Vendor will be required, and additional information will be optional. (See “7. Administrative Sites and Group Homes/Day Treatment and Training Sites” below.)

In the initial release of the System, it is not possible to delete a site from the Administrative Sites list, the Group Homes/Day Treatment and Training sites list, the Developmental Home sites list, or the Individually Designed Living Arrangement sites list once the information has been saved. Once an Applicant enters site information and executes a save feature, that site will become a permanent part of the Application. The Applicant has the following options: 1) edit the information to reflect a valid site, or 2) edit the site name as INVALID1. If more than one erroneous site is entered, edit the site names as INVALID2, INVALID3, etc. If option 2 is selected, when the application prints, the printed version of the application will include the name and other information for that site. This problem should be rectified in future releases of the system.

6. General information on services provided. Part of this feature will be included in the application component of the System, primarily to collect program descriptions for each service offered by the applicant. In future releases, optional information such as staffing and references can be supplied by the Qualified Vendors. (See, e.g., “8. Home-Based Services” below.)

7. Geographic area/site information. This feature will not be included in the application release, but will be included in the Directory release. This feature will collect specific information about capabilities and capacity for each service, for each geographic area/site in which the service is to be provided (some of this information is required, and other information is optional). (See, e.g., “9. Home-Based Services Site Specific Information” below.)

The discussions that follow contain descriptions of the information that will be collected for both the Application release and the subsequent Directory release of the System. As a general rule, the information designated as required will have to be submitted with the Qualified Vendor Application and the information designated as optional may be submitted for the Directory.

The Directory will be used by consumers to identify potential providers, and by the Division to match consumers' service needs with providers. The more information given by an Applicant, the more likely that a consumer will identify that provider's programs as meeting his/her needs. For example, if some of an Applicant's direct service staff is bilingual, but this information is not provided, the Qualified Vendor Application can still be approved, but consumers requiring bilingual service staff will not find a match on that Qualified Vendor's service if they make this part of their search criteria. Thus, providing requested information will result in more matches when consumers search for services. Note that Qualified Vendors may update the optional information in the System, but changes to required items will require Division approval.

3. Instructions

To register with the System, the Applicant will enter their vendor name, contact name and telephone number, their email address, and a password. The System will respond to the email address with a link to a secure section of the Qualified Vendor website. The Applicant will use their user name (email address) and password at this secure website for all future System interaction.

It will not be necessary to complete all information in one session. The Applicant will be able to save and leave the System and to sign on later and resume filling information where they left off. Also, it will be possible for more than one person to provide information. For example, one person may fill in all of the general information, but a different administrator may sign in using the Applicant's user name and password and provide information about services. When the Applicant has entered all of the necessary information, the Application shall be submitted electronically for review and evaluation by the Division. The System will provide the capability for the vendor to print the Application and Qualified Vendor Agreement Award signature form, the Qualified Vendor Application Assurances and Submittals form, and all sections that were completed so that they may be signed and submitted to the Division as required to complete the Application.

Once the electronic information is submitted, it cannot be amended until after it has been processed as a Qualified Vendor Application. The amendment module of the System will be available on or after May 5, 2003. Applicants are advised to monitor the Division website for announcements regarding this component.

The following sections identify the information that the System will collect for each of the areas identified under "Information Entry Structure" above. For each section, failure to provide information in the required fields will cause the Application to be considered incomplete, and the Application will not be accepted by the Division's website until that information is provided and the Application is complete.

NOTE: When "½ page" is indicated, the System may accept more than ½ page. Applicants are strongly encouraged to limit their responses to ½ page. The Division reserves the right to truncate the response when responses longer than ½ page are prepared for publication in the Directory.

4. Vendor Application Contract Information

For this section, the vendor shall identify their Federal Employer Identification number (FEIN) or Social Security number (SSN), AHCCCS ID, executive/owner name, and whether they are an agency, independent professional provider or an independent provider. The Applicant must provide their street, mailing, and payment/billing addresses, and contact information including telephone numbers and email address. They may also include fax numbers and their website URL. Finally, the Applicant shall identify all services that they wish to provide in State Fiscal Year (FY) 2004. For each service, the Applicant should indicate whether they have a current valid contract or agreement with the Division by listing contract number(s).

5. Qualified Vendor Application Assurances and Submittals

This section requires assurances and submittals from the Applicant. The Applicant must respond to each of the following items and, when submitting the hard copy of the Qualified Vendor Application, include hard copies of the applicable submittals in order to complete the Application and to be considered for Qualified Vendor status: (all items required)

1. Does the Applicant agree to maintain and comply with all certification(s) and/or registration(s) required by Arizona law, rules, or policy for the provision of each developmental disability service applied for?
2. Does the Applicant understand that payment will not be made for services delivered prior to the effective date of certification(s) and/or registration(s) required by Arizona law, rules, or policy?
3. Does the Applicant agree to obtain, maintain, and comply with any licenses required by Arizona law, rules, or policy for the provision of a developmental disability service applied for?
4. Does the Applicant understand that payment will not be made for services delivered prior to the effective date of any license required by Arizona law, rules, or policy?
5. Has the Applicant or any of its directors, officers, owners, or key personnel had a community developmental disability service or similar service license(s), certification(s) and/or registration(s) revoked, denied or suspended in Arizona or in other states within the past five years? If yes, **submit** an explanation and current status.
6. Has the Applicant or any of its directors, officers, or owners terminated any contracts for cause, had any contracts terminated for cause or been involved in a contract lawsuit related to community developmental disability services or similar services in Arizona or in another state within the past five years? If yes, **submit** a detailed description of such terminations or lawsuits.

7. Are there any suits or judgments pending or entered (within the last five years) against the Applicant or its directors, officers, owners, or key personnel related to the provision of community developmental disability services or similar services in Arizona or in other states? If yes, **submit** a summary of those suits or judgments and describe actions the Applicant has taken to prevent future suits or judgments.
8. Has the Applicant or any of its directors, officers, owners, or managers been convicted of a criminal offense related to Medicare, Medicaid, or the State Children's Health Insurance Program? If yes, **submit** information on the person and the conviction.
9. Have any of the Applicant's key personnel been convicted of a felony within the past 15 years? If yes, **submit** information on the key personnel and the conviction.
10. Has any federal or state agency ever made a finding of noncompliance with any civil rights requirements with respect to the Applicant? If yes, **submit** an explanation.
11. If the Applicant is a corporation, does it own or is it owned by a corporation, and/or is it affiliated with a corporation? If yes, **submit** an organizational chart that demonstrates ownership and/or corporate affiliations.
12. Does the Applicant or any of the Applicant's officers or administrative staff have a relative as defined in A.R.S. § 38-502 who is an employee of the Division with direct or indirect responsibility for the purchasing, authorizing, monitoring or evaluating of community developmental disability services or vendors? If yes, **submit** a statement disclosing the conflict or potential conflict of interest.
13. Is the Applicant required to make a full written disclosure pursuant to the provision of Section 6.4.9 (Substantial Interest Disclosure)? If yes, **submit** a full written disclosure of the proposed payments and amount.
14. Has the Applicant, its directors, or officers been debarred, suspended or otherwise lawfully prohibited from any public procurement activity, or does the Applicant employ, consult, subcontract with or otherwise reimburse for services any person substantially involved in the management of another entity that is now debarred, suspended or otherwise lawfully prohibited from any public procurement activity?
15. Is a suspension or debarment currently pending? If yes, **submit** an explanation.
16. Has the Applicant **submitted** a current Arizona Substitute W-9 Form with this Application?
17. Does the Applicant certify that it did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of the Application?

18. All amendments (if any) to the RFQVA that have been issued are acknowledged by a signature and the signature page of the amendment are **submitted** with the hardcopy application.
19. The applicable document described below is **submitted**:
- (1) A complete audited financial statement
 - (2) For Applicants that do not have an audited financial statement
 - (a) A corporate financial statement; or
 - (b) If a newly formed corporation, the corporate business plan with the personal financial statements of the Director or Chief Executive Officer; or
 - (c) If not a corporation, the personal financial statements of the owners or partners.
20. Are there any judgments, tax deficiencies or claims pending or entered against the Applicant that would require disclosure in an audited financial statement? If yes, **submit** a disclosure statement.
21. Is the Applicant **submitting** the Certificates of Insurance required by Section 6.7.6 with the hard copy of the application?
22. If the Applicant is not submitting the Certificates of Insurance required by Section 6.7.6 with the hard copy of the application, does the Applicant certify that it will submit the required Certificates of Insurance prior to accepting a referral or providing a service?
23. Has the Applicant declared bankruptcy within the last seven years? If yes, **submit** a court approved corrective plan of action.
24. Will the Applicant use a subcontractor(s) to provide services? If yes, **submit** the following information about each subcontractor: subcontractor company name; subcontractor Federal Employer Identification number (FEIN) or Social Security number (SSN); subcontractor contact name; and direct service(s) provided by the subcontractor.
25. Is the hardcopy of the Qualified Vendor Application package a true copy of the information submitted in electronic form to the Division website and does it contain all required attachments?

6. General Vendor Policy Information

As indicated below, the following information shall (is required for the Application) or should (is optional for the Directory) be provided. Note that, except as provided below, optional information may not be requested on the System as it is released for the Application process. The optional information will be made available on the Directory version of the System.

- Information on employment-related benefits provided to direct service staff (optional)
- Information regarding recruitment and training: (all items required)
 - Description of the recruitment and initial training plan for direct service staff (up to ½ page)
 - Description of the on-going training plan for direct service staff (up to ½ page)
 - Description of the back-up plan for direct service staff absences (either preplanned or emergency absence) (up to ½ page)
- Information regarding incident reporting and correction systems: (all items required)
 - Do you have written policies and procedures regarding the reporting of incidents of abuse, neglect, exploitation and injury?
 - Are reporting protocols shared with consumers/families/consumer representatives?
 - How are incidents of abuse, neglect, exploitation or injury reported internally? (up to ½ page)
 - How are incidents of abuse, neglect, exploitation or injury reported externally? (up to ½ page)
 - Who is the responsible person(s) within the vendor's organization for reviewing incident reports?

- Information on internal quality efforts: (all items required)
 - Describe the process used by the vendor to monitor and evaluate the services provided as they relate to the ISP objectives (up to ½ page)
 - Describe the overall vendor approach toward the improvement of the quality and appropriateness of services provided (up to ½ page)

7. Administrative Sites and Group Homes/Day Treatment and Training Sites

If the Applicant has administrative sites/offices other than the corporate site identified as part of the general information section, when the Directory component of the System is released, the Qualified Vendor must provide the following information: (for the Directory, all items are required)

- Administrative site name
- Mailing address
- Contact name
- Contact telephone number
- After hours contact telephone number
- Contact fax telephone number
- Scheduling/contact hours for each day of the week – Sunday through Saturday

Each Application must have at least one Administrative Site identified before it will be accepted by the System. If an Applicant does not have a separate Administrative Site, the Applicant must create one in the System using the same corporate information entered on the Vendor Application Contract Information screen.

If the Applicant operates group homes, habilitation – vendor operated supported developmental homes, or habilitation – individually designed living arrangement sites, the Applicant must provide on the Application component of the System the following information items that are marked “required.” The Qualified Vendor must link all group home, developmental home, and individually designed living arrangement sites to an Administrative Site that the consumer may contact for referrals to that site, and may provide the information items marked “optional.”

- District Code and Alpha Code (required)
- Site name and address (required)
- Type of Group Home Habilitation Services (Group Home, Group Home with Nursing, Group Home Community Protection and Treatment) (required)
- Site administrator name, telephone number, and email address (required)
- Site scheduler name, telephone number, after hours telephone number, fax number, and email address (required)
- Site maximum capacity, current occupancy, number of bedrooms, age range of occupants, and whether you are accepting new referrals (required)
- Identify the geographic area(s) served from this site on a checkbox-list of counties/communities (required)

- Historic sites
- Swimming
- City survival/traffic safety skills
- Paid work experiences
- Other (list)

The initial release of the System requires that at least one group home site be identified before an Application for group home service will be accepted. If the Applicant does not yet have any established group home sites, the Applicant must create one. In such a situation, the group home site name should be entered as “TBD” and the rest of the required information for the site should be the same as the corporate information entered on the Vendor Application Contract Information screen.

If the Applicant operates day treatment and training sites, the Applicant must provide on the Application component of the System the following information items that are marked “required.” The Qualified Vendor must link all day treatment and training sites to the administrative site that the consumer must contact for referrals to that site and may provide the information items marked “optional.”

- District Code and Alpha Code (required)
- Site name and address (required)
- Site administrator name, telephone number, and email address (required)
- Site scheduler name, telephone number, after hours telephone number, fax number, and email address (required)
- Site maximum capacity, current occupancy, and whether you are accepting new referrals (required)
- The geographic area(s) served from this site by clicking on a checkbox-list of counties/communities (required)
- Identify languages spoken by direct service staff - English, Spanish, American Sign Language, and others (optional)
- Languages spoken by the administrative staff (in particular, the contact/scheduling person(s)) – English, Spanish, and others (optional)
- Hours of operation (required)
- Dates of operation (After-School and Summer Programs only) (required)
- The number of full time and part time direct service staff for this service at this site and the number of years that the staff has provided this kind of service (optional)
- The program based training activities, program practices for consumer assistance, and community activity opportunities for this service at this site by clicking on a checkbox list for each service, as follows: (optional)

Day Treatment and Training, Adult

Program Based Training Activities

- Therapy related (occupational, physical, speech)
- Personal hygiene
- Personal health related
- Paid work experiences

Day Treatment and Training, Children (Summer):Program Based Training Activities

- Therapy related (occupational, physical, speech)
- Personal health related
- Personal hygiene

Program Practices for Client Assistance

- Incontinency related
- Assistance offered with eating
- Behavioral support
- Proper positioning
- Hydration practices
- Weather protection practices (heat, cold, sun)
- Medication administration

Community Activity Opportunities

- Library
- Parks/outdoor sports activities
- Shopping
- Fishing
- Trips
- Historic sites
- Bowling
- Swimming
- Pet/animal related experiences
- City survival/traffic safety skills
- Horseback riding
- Paid work experiences
- Cooking
- Other (list)
- Banking

The initial release of the System requires that at least one day treatment and training site be identified before an Application for day treatment and training service will be accepted. If the Applicant does not yet have any established day treatment and training sites, the Applicant must create one. In such a situation, the day treatment and training site name should be entered as “TBD” and the rest of the required information for the site should be the same as the corporate information entered on the Vendor Application Contract Information screen.

8. Home-Based Services

For each home-based service (Attendant Care; Habilitation, Community Protection and Treatment Hourly; Habilitation, Support; Housekeeping; and Respite) that the Applicant proposes to provide, the Applicant shall provide the information marked “required” in the Application component of the System or should provide the information marked “optional” in the Directory component of the System.

- Vendor experience for the service (optional)
 - Number of years of DES/DDD service provision
 - Number of years Arizona service provision
 - Number of years out of state service provision
 - Current unduplicated count of adults being provided with the service
 - Current unduplicated count of children being provided with the service
 - Number of full time direct service staff for the service
 - Number of part time direct service staff for the service

12. Developmental Home Services Site Specific Information

When the Directory component of the System becomes available, the Qualified Vendor will be requested to provide specific information regarding the service provided to specific geographic areas through a particular administrative or corporate office/site. The Qualified Vendor will be provided with a dropdown list of the corporate site and any administrative sites entered into the System previously. The answers to the questions presented relate only to the service being provided by the corporate/administrative site selected from the dropdown list. As indicated below, the Applicant shall (required) or should (optional) provide the requested information for each service provided by or coordinated through each corporate/administrative site:

- Administrative Office responsible for scheduling for this geographic area (required)
- Identify the geographic area(s) where this service is provided from this corporate/administrative site on a checkbox-list of counties/communities (required)
- Number of people placed by this administrative office in this geographic area (optional)
- Identify languages spoken by direct service staff - English, Spanish, American Sign Language, and others (optional)
- Identify languages spoken by the administrative staff (in particular, the contact/scheduling person(s)) – English, Spanish, and others (optional)
- Indicate if accepting new referrals (optional)
- Indicate the experience at this office in providing this service to four age groups (number of consumers in each group): (optional)
 - 0-3
 - 4-17
 - 18-64
 - 65+
- Identify the training and experience of the staff in this office for this service. There is a checkbox list as indicated below: (optional)

Training and Experience:

- | | |
|-------------------------------------|---|
| ○ Adaptive Communications | ○ Working with persons with Alzheimer's/dementia |
| ○ Adaptive Mobility | ○ Working with persons with limitations in hearing |
| ○ Augmentative communication device | ○ Working with persons with limitations in movement |
| ○ Autism | ○ Working with persons with limitations in vision |
| ○ Behavioral Health | ○ Working with persons who are ambulatory |
| ○ Behavioral Support | ○ Working with persons who are not ambulatory |
| ○ Medical/Health | |
| ○ Senior/Elderly | |
| ○ Therapy Needs | |
| ○ Universal precautions | |

- List any other direct support staff specialties or expertise
 - Identify the community activities available at this site. There is a checkbox list as indicated below: (optional)

Community Activities Available:

- | | |
|----------------------------------|---------------------------------------|
| ○ Library | ○ Parks/outdoor sports activities |
| ○ Shopping | ○ Fishing |
| ○ Trips | ○ Historic sites |
| ○ Bowling | ○ Swimming |
| ○ Pet/animal related experiences | ○ City survival/traffic safety skills |
| ○ Horseback riding | ○ Paid work experiences |
| ○ Cooking | ○ Other (list) |
| ○ Banking | |

The initial release of the System requires that at least one developmental home site be identified before an Application for developmental home service will be accepted. If the Applicant does not yet have any established developmental home sites, the Applicant must create one. In such a situation, the developmental home site name should be entered as “TBD” and the rest of the required information for the site should be the same as the corporate information entered on the Vendor Application Contract Information screen.

13. Independent Living Services

If the Applicant proposes to provide Habilitation, Individually Designed Living Arrangement, the Applicant shall provide the information marked “required” in the Application component of the System or should provide the information marked “optional” in the Directory component of the System.

- Vendor experience for the service (optional)
 - Number of years of DES/DDD service provision
 - Number of years Arizona service provision
 - Number of years out of state service provision
 - Current unduplicated count of adults being provided with the service
 - Current unduplicated count of children being provided with the service
 - Number of full time direct service staff for the service
 - Number of part time direct service staff for the service
 - Median direct service staff years of experience providing the service
 - Median direct service staff years with the vendor
- Description of the program from referral through service delivery (up to ½ page) (required)
- Up to four references from a consumer’s legal representative for the service. The reference information includes the reference name, county/community, and telephone number. The reference information is optional. However, if it is provided, the Applicant **must** indicate that the reference has given permission to use them as a reference and that consumers may contact the reference. (optional)

- Responses to the following questions regarding wages: (optional)
 - What is the beginning wage for the direct service staff for the service?
 - What is the average wage for the direct service staff for the service?
 - Is there a salary differential provided, and if so, under what circumstances?
- Descriptions of any changes or additions to the descriptions for recruitment and training, incident reporting and corrections system, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information section that are different for the specific service (optional but included on the Application version of the System)
- Questions regarding community access: (all items required)
 - When community access is required to meet the ISP, how do you support direct service staff for community access? (Transportation in an individual/staff owned vehicle, transportation in a vendor owned, leased, or contracted vehicle, and/or reimbursement for public transportation)
 - Describe methods used to ensure that all vehicles are properly maintained (including individual owned and vendor supplied vehicles) (up to ½ page)
 - Describe methods used to ensure all vehicles maintain state minimum insurance requirements (includes individual owned and vendor vehicles) (up to ½ page)
 - Describe any special requirements that the vendor and its employees must meet to transport consumers (up to ½ page)
 - How often are driving records reviewed by the vendor?

14. Independent Living Services Site Specific Information

When the Directory component of the System becomes available, the Qualified Vendor will be requested to provide specific information regarding the service provided to specific geographic areas through a particular administrative or corporate office/site. The Qualified Vendor will be provided with a dropdown list of the corporate site and any administrative sites entered into the System previously. The answers to the questions presented relate only to the service being provided by the corporate/administrative site selected from the dropdown list. As indicated below, the Applicant shall (required) or should (optional) provide the requested information for each service provided by or coordinated through each corporate/administrative site:

- Administrative Office responsible for scheduling for this geographic area (required)
- Identify the geographic area(s) where this service is provided from this corporate/administrative site on a checkbox-list of counties/communities (required)
- Number of people placed by this administrative office in this geographic area (optional)
- Identify languages spoken by direct service staff - English, Spanish, American Sign Language, and others (optional)

The initial release of the System requires that at least one individually design living arrangement site be identified before an Application for individually design living arrangement service will be accepted. If the Applicant does not yet have any established individually design living arrangement sites, the Applicant must create one. In such a situation, the individually design living arrangement site name should be entered as “TBD” and the rest of the required information for the site should be the same as the corporate information entered on the Vendor Application Contract Information screen.

15. Group Home Services

For Habilitation, Community Protection and Treatment Group Home; Habilitation, Group Home; Habilitation, Nursing Supported Group Home; and Room and Board, All Group Homes the Applicant shall provide the information marked “required” in the Application component of the System or should provide the information marked “optional” in the Directory component of the System.

- Vendor experience for the service (optional)
 - Number of years of DES/DDD service provision
 - Number of years Arizona service provision
 - Number of years out of state service provision
 - Current unduplicated count of adults being provided with the service
 - Current unduplicated count of children being provided with the service
 - Number of full time direct service staff for the service
 - Number of part time direct service staff for the service
 - Median direct service staff years of experience providing the service
 - Median direct service staff years with the vendor
- Up to four references from a consumer’s legal representative for the service. The reference information includes the reference name, county/community, and telephone number. The reference information is optional. However, if it is provided, the Applicant **must** indicate that the reference has given permission to use them as a reference and that consumers may contact the reference. (optional)
- Responses to the following questions regarding wages: (optional)
 - What is the beginning wage for the direct service staff for the service?
 - What is the average wage for the direct service staff for the service?
 - Is there a salary differential provided, and if so, under what circumstances?

- Descriptions of any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information section that are different for the specific service (optional but included on the Application version of the System)
- Types of Group Home Habilitation Services (Group Home, Group Home with Nursing, Group Home Community Protection and Treatment) (required)
- For each type of group home service, provide a description of the program from referral through service delivery (up to ½ page) (required)